



OCT-25. 2004 2:04PM

GLAXO WELLCOME

NO. 5448 P. 3

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23347 7590 07/26/2004

DAVID J LEVY, CORPORATE INTELLECTUAL
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Allyson K. Jacobs	(Depositor's name)
<i>Allyson K. Jacobs</i>	(Signature)
10/25/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/062,647	01/31/2002	George Stuart Cockerill	PG3119US2	3462

TITLE OF INVENTION: HETEROCYCLIC COMPOUNDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/26/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
COOK, REBECCA	1614	514-233500

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. John L. Lemanowicz

2.

3.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SmithKline Beecham Corporation

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Philadelphia, PA

10/25/2004 WKELED 2 00000159 071392 10062647

01 FC:1501 1370.00 DA

02 FC:1504 300.00 DA

03 FC:6001 12.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature)

(Date)

10/25/04

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FAX



GlaxoSmithKline

To Box Issue Fee

Company USPTO

Fax 703-746-4000

From Allyson K. Jacobs

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Fax 919-483-7988

E-mail aki27836@gsk.com

Date 10/25/04

Pages including cover 3

Subject Serial No.: 10/062,647;

Filing Date: 01/31/02

Attached:

Issue Fee Transmittal + copy

Glaxo Wellcome Inc.
PO Box 13398
Five Moore Drive
Research Triangle Park
North Carolina 27709

Tel: 919 483 2100
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